

Rule 165:10-3-25  
 ORIGINAL  
 X AMENDED  
 Reason Amended

## Name Change

**COMPLETION REPORT  
OKLAHOMA CORPORATION COMMISSION**

Oil & Gas Conservation Division  
Post Office Box 52000

Oklahoma City, Oklahoma 73152-2000

502112008

Form 1002A  
Rev. 2001

404BRBK

COMPLETION &amp; TEST DATA BY PRODUCING FORMATION

PLEASE TYPE OR USE BLACK INK ONLY

**NOTE:** Attach copy of original 1002A if recompletion or reentry

TYPE OF DRILLING OPERATION

☐ STRAIGHT HOLE      ☐ DIRECTIONAL HOLE      ☐ HORIZONTAL HOLE

If directional or horizontal, see reverse for bottom hole location.

COUNTY	KAY	SEC	3	TWP	27N	RGE	5E
LEASE NAME	CARRIE MUNROE (Roy MUNROE 16)			WELL NO. 16			
SHL	SW NE SW			976 FNL	984 FNL OF 1/4 SEC		
ELEVATION	Derrick Fl			SPUD DATE		2-18-24	
DRLG FINISHED	Ground			WELL COMPLETION		4- 15- 1924	
1ST PROD DATE				RECOMP DATE			

LOCATE WELL

OPERATOR NAME		COUNT WELL	
CASE SALES CO., INC.		OTC/OCC OPERATOR NO. 11951-0	
ADDRESS			
PO BOX 40			
CITY		STATE	ZIP
TONKAWA		OK	746 53

COMPLETION TYPE	
<input checked="" type="checkbox"/>	SINGLE ZONE
<input type="checkbox"/>	MULTIPLE ZONE ORDER NO.
<input type="checkbox"/>	COMMINGLED ORDER NO.
<input type="checkbox"/>	LOCATION EXCEPTION ORDER NO.
<input type="checkbox"/>	INCREASED DENSITY ORDER NO.
<input type="checkbox"/>	PENALTY

OIL OR GAS ZONES		
FORMATIONS	TOP	BOTTOM
Burbank zone	2950	

**CASING & CEMENT (Form 1002C must be attached)**

TYPE	SIZE	WEIGHT	GRADE	FEET	PSI	SAX	FILLUP	TOP
Conductor								
Surface	8 1/4	<del>6 3/4</del>		2238 <del>2584</del>				
Intermediate	6 5/8	<del>5 3/4</del>		<del>22916</del>				
Production	5 3/16			2584 2916				
Liner								

PACKER @ \_\_\_\_\_ BRAND & TYPE \_\_\_\_\_ TOTAL DEPTH 2847  
PLUG @ \_\_\_\_\_ TYPE \_\_\_\_\_ : 2987

WELL INFORMATION		COMPLETION & TEST DATA		PRODUCING FORMATION	
FORMATION		Burbank	Zone		
SPACING & SPACING ORDER NUMBER					
CLASS: Oil, Gas, Dry, Inj. Disp. Comm Disp		oil open hole			WDMS
PERFORATED INTERVALS					
ACID/VOLUME					
Fracture Treated?					
Fluids Amounts					

INITIAL TEST DATA			
INITIAL TEST DATE	8-15-24		
OIL-BBL/DAY	250 BPD after shot		
OIL-GRAVITY ( API)			
GAS-MCF/DAY			
GAS-OIL RATIO CU FT/BBL			
WATER-BBL/DAY			
PUMPING OR FLOWING			
INITIAL SHUT-IN PRESSURE			
CHOKE SIZE			
FLOW TUBING PRESSURE			

A record of the formations drilled through, and pertinent remarks are presented on the reverse. I declare that I have knowledge of the contents of this report and am authorized by my organization to make this report, which was prepared by me or under my supervision and direction, with the data and facts stated herein to be true, correct, and complete to the best of my knowledge and belief.

SIGNATURE		NAME (PRINT OR TYPE)	
Carol Sawyer		Carol Sawyer	
ADDRESS		CITY	STATE ZIP
PO Box 40		Tonkawa	OK 74653
DATE		PHONE NUMBER	
4-2-04		580-628-5129	

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1ST PROD DATE				RECOMP DATE			

Orlando City

w

x

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[illegible]

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